PTO/SB/06 (07-06) 1/2007 OMB 0651-0032

Approved for use through 1/31/2007. OMB 0651-0032

U.S. Patent and Tradems Chice; U.S. Debarts of information unless it itembrary and its OMB center and unless the information unless it itembrary and its U.S. Patent and Tradems of information unless it itembrary a uniformation unless its unifo

PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875							Application or Docket Number 10/549,620			ing Date 04/2006	To be Mailed	
APPLICATION AS FILED – PART I (Column 1) (Column 2)							SMALL ENTITY				HER THAN	
Н	FOR		NUMBER FILED		NUMBER EXTRA		RATE (\$)	FEE (\$)	OR	RATE (\$)	FEE (\$)	
П	BASIC FEE	_	N/A	LED INO	N/A		N/A	122 (0)	i	N/A	TLE (6)	
Н	(37 CFR 1.16(a), (b), s SEARCH FEE	or (c))	N/A		N/A		N/A		ı	N/A		
H	(37 CFR 1.16(k), (i), (i)		N/A N/A		N/A				ł	<u> </u>		
TO	(37 CFR 1.16(o), (p), (N/A		N/A x s =		OR	N/A x s =		
IND	CFR 1.16(i)) EPENDENT CLAIM	s	minus 20 = *			ı	x s =		OR	x s =		
(37	CFR 1.16(h))	If the		no awarand 100	ı	X \$ =		ı	X 5 =			
	APPLICATION SIZE (37 CFR 1.16(s))	FEE shee is \$2 addit	ts of pap 50 (\$125 ional 50 :	gs exceed 100 n size fee due for each n thereof. See CFR 1.16(s).								
	MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j))								1			
* If	* If the difference in column 1 is less than zero, enter "0" in column 2.								1	TOTAL		
	APPI	OED - PART II		OTHER THAN SMALL ENTITY OR SMALL ENTITY								
AMENDMENT	(Column 1) CLAIMS			HIGHEST	(Column 3)	1 1			<u> </u>			
	07/06/2009	REMAINING AFTER AMENDMENT		NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)	
	Total (37 CFR 1.16())	* 8	Minus	20	= 0		x \$ =		OR	X \$52=	0	
١Ħ	Independent (37 CFR 1.16(h))	• 2	Minus	3	= 0		x \$ =		OR	X \$220=	0	
M	Application Size Fee (37 CFR 1.16(s))											
`	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))								OR			
							TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	0	
(Column 1) (Column 2) (Column 3)												
L		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)	
z	Total (37 CFR 1,16())		Minus	**		i	x \$ =		OR	x s =		
AMENDMENT	Independent (37 CFR 1,16(h))	*	Minus	***		1	x \$ =		OR	x s =		
Ä.	Application Size Fee (37 CFR 1.16(s))]			
ΑM	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))								OR			
Γ									OR	TOTAL ADD'L FEE		
**	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. * If the "Highest Number Previously Paid For "N THIS SPACE is less than 20, enter "20". * If the "Highest Number Previously Paid For "N THIS SPACE is less than 3, enter "3". The "Highest Number Previously Paid For "(Total or independent) is the highest number found in the appropriate box in column 1.											

This collection of information is equated by 37 CER. 1.16. The information is required to obtain or retain a bearful by the public which his lost line face by the USETO to monoceal an implication. Confidentially is governed by 80 Sec. 22 and 37 CER 1.16. This collection is extensive the size of a window properties, and submitting the completed application form to the USETO. Time well vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or seggescions for reducing this burdon, should be sent to the CERT information Officer. U.S. Patient and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandrius, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patients, P.O. Box 1450, Alexandrius, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patients, P.O. Box 1450, Alexandrius, VA 22313-1450.